



Student Conflict Reporting Form

Griswold High School

267 Slater Ave., Griswold, CT 06351

Phone (860) 376-7630 Fax (860) 376-7631

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Mean-spirited behavior can seriously impact the ability of a person to feel safe and comfortable at school. Any act of bullying or threatening and intimidating behavior will not be tolerated. This form should be used to report to administration any alleged acts of bullying, harassment, intimidation, or dating violence. All incidents reported will be fully investigated, but not every incident will result in school discipline, depending on the specific facts of each case.

Bullying means an act that is direct or indirect and severe, persistent or pervasive, which (A) causes physical or emotional harm to an individual, (B) places an individual in reasonable fear of physical or emotional harm, or (C) infringes on the rights or opportunities of an individual at school.

Bullying shall include, but not be limited to, a written, verbal or electronic communication, or physical act or gesture-based on any actual or perceived differentiating characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status, academic status, physical appearance, or physical, mental, developmental or sensory disability, or by association with an individual or group who has or is perceived to have one or more of such characteristics.

Dating Violence means any act of physical, emotional or sexual abuse, including stalking, harassment and threatening that occurs between two students who are currently in or who have recently been in a dating relationship.

Today's Date: ___/___/_____

Person Reporting Incident: Name _____

Telephone (____) _____ - _____ Email (optional) _____

Circle your appropriate title:

Faculty/Staff Involved Student Observing Student Parent/guardian Family Member

1. Name of Student Being Bullied _____ (please print) Age _____

2. Name(s) of alleged aggressor(s) (if known) (please print)	School (if known)	Are they a student? Y/N



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3. On what date(s) did the incident(s) happen? ___/___/___, ___/___/___, ___/___/___
Mo. / Day / Year

4. Where did the incident happen (choose all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> On school property | <input type="checkbox"/> On the way to/from school |
| <input type="checkbox"/> On a school bus | <input type="checkbox"/> Cyber-bullying |
| <input type="checkbox"/> At a school-sponsored activity or event off school property | <input type="checkbox"/> Outside of school |

5. Place an X next to the statement(s) that best describe what happened (choose all that apply):

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the victim the subject of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating, extorting, or exploiting
- Spreading harmful rumors or gossip
- Other (specify) _____

6. What did the alleged aggressor(s) say or do? (be specific)

(Attach a separate sheet if necessary)

8. List witness(es) that were present: _____



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9. Did a physical injury result from this incident? Place an X next to one of the following:

No

Yes, but it did not require medical attention

Yes, and it required medical attention

10. Is there any additional information you would like to provide?

(Attach a separate sheet if necessary)

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

_____ / ___ / _____ / ___ / _____

Signature

Date

(Optional) Student Signature Date

_____ / ___ / _____

Received by

Date